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4

2080

No

O'Connor, Karen

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

## School District Claim for State Reimbursement for Individual and Isolated Transportation

1.00

State	
District	
County	

### **First Semester Second Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 34 Park 0612 Livingston Elem Elementary District Contract Daily # of Days Transported Shared Family's Name Rate 4 2011 No Brown, Keith 4.13 Brown, Keith 4 2012 No 2.75 4 2013 No Howard, Patricia 0.35 2071 Banthem, Pebbles Venus 4 Yes 0.90 2072 Frasier, Pam 4 No 15.98 4 2075 Yes Bowden, David & Erin 0.50 2076 DeCew, Marla 4 No 1.00 4 2079 Nashan, Melanie 1.00 No

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# **School District Claim for** State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

0.25

DUE
DATES

1

2084

No

### **First Semester Second Semester** February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 34 Park 0613 Park H S **High School** District Contract Daily # of Days Transported # Shared Family's Name Rate 1 2070 No Federspiel, Susan 9.00 Banthem, Pebbles Venus 1 2071 Yes 0.90 2073 No Larkin, Bonnie 1 1.50 2074 Redfield, Alan No 1.00 1 2075 Bowden, David & Erin 1 Yes 0.50 1 2077 No Fossum, Susanne 0.50 2078 Kinkie, Druska 1 No 0.50 2081 Spallone, Kay 1.50 1 No 2082 Vines, Jody 1 3.00 No

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Boise, Laura



## **School District Claim for** State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

3.70

1.75

DUE
DATES

7

7

2086

2088

No

No

#### **Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District: District Level: County: 0614 Gardiner Elem 34 Park Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 7 2058 Yes Hartman, Cindy 6.00 7 Hartman, Cindy 2059 Yes 19.28 7 2061 No Kramer, Mary B 0.50 7 2062 Goldsmith, Domonica No 0.38 7 2063 No McDonald, Danyalle 3.75 7 2064 No Burke, Wendi 1.95 7 2065 Welker, Richard No 1.40 7 2066 Renkin, Diane 1.00 No 7 2067 Hill, Jenny No 1.30 7 2068 Athas, Colleen No 1.30 7 2069 Yes Replogle, Marge 0.75 7 2085 No Berringer, Rebecca 1.30

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Cunningham, Suzette

Hatfield, Sherry

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## School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

### **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0620 Pine Creek Elem 34 Park Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 19 2014 No Tecca, Tony & Jane 0.30 Buffalino, Louis & Lynne 19 2025 No 0.90 19 2045 No Franck, Jim & Brenda 0.50 19 2046 Cole, Jerry D 0.90 No

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## School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

**First Semester Second Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 34 Park 1191 Gardiner H S **High School** District Contract Daily # of Days Transported Shared Family's Name Rate 4 2022 No Betts, Shelly 42.45 Betts, Shelly 4 2023 No 15.25 4 2058 Yes Hartman, Cindy 9.25 2059 Hartman, Cindy 4 Yes 19.27 Murphy, Jerry L 4 2060 No 0.75 4 2069 Yes Replogle, Marge 0.75 2087 Lewis, Britt 4 No 0.65 4 2121 No Heller, Mary 0.80

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## **School District Claim for** State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

0.25

0.75

DUE
DATES

75

75

2395

2424

No

No

### **Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 34 Park 1215 Arrowhead Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 75 2010 No Bucklin, Carole & John 3.00 75 Story, Colleen 2048 No 1.35 75 2049 No Hall, Becky 2.00 75 2050 Hafer, Wendy H No 0.38 75 2051 Hintz, Jennifer No 0.53 75 2052 No Orser, Effie 2.13 75 2053 Boice, Laura No 0.25 75 2054 Spallone, Kay 2.00 No 75 2055 Landreth, Kelly No 3.00 75 2056 Cornwall, Charles & Lori No 1.05 75 2057 No Stallard, Jessica K 3.25

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Stollard, Jessica

Dowton, Tracy & Angela

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

### Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 34 Park 1227 Shields Valley Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate J12 2047 No Lahaye, Ken & Rhonda 0.25 Baukol, Kristi J12 2409 No 3.00